Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Dental education

Smart glasses

Sir, as the world saw the launch of Facebook-Rayban Smart Glasses and the news of upcoming, similar smart glasses expected in the near future, we see great potential for smart glasses in dentistry.¹ Smart glasses, equipped with microphones and built-in speakers and which respond to voice commands, will allow users to capture images and videos for sharing on social media platforms.

Historically, medical operating theatres were termed 'theatre' because of an amphitheatrical setup where students could watch surgery performed from a distance. The invention of smart glasses opens many opportunities in dental clinical settings for remote dental training. An operating dentist wearing smart glasses will allow a first-person view of dentistry like never before, which we feel could be a great tool in training and continuing education models. When streamed through closed group settings, this could make learning through observation safer with no risk of aerosol exposure and more trainees benefitting without any geographical barrier. With a growing number of dentists opting for social media-based learning, smart glasses can bring remote training to a whole new level.²

Furthermore, apart from training aspects, as the smart glasses allow two-way communications, they can aid remote assistance during clinical practice, helping to provide basic and advanced clinical care in developing countries. With robotic surgical systems in their experimental stages in maxillofacial surgery, smart glasses can become a tool for guided operations in remote locations where there is limited access to specialised dental care.³ With future smart glasses to be built-in

with augmented reality functionality that will overlay one's view of the physical world with digital images, it is only a matter of time before one can teach dentistry using virtual reality. While privacy remains a concern, tech giants put the onus on users to behave responsibly by issuing best practice models and suggestions. We believe smart glasses will be a stepping stone for future next-generation computing platforms, and embracing new technologies.

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T. K. Isaac, Punjab, India

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Social media

Proactive professionals

Sir, we read with interest the letter 'Clip-on caution'.¹ As regular users of Instagram and other social media platforms, we too have noticed an increased prevalence of unregulated dental products and services.

It is part of our professional duties to protect our patients and the wider public from such 'products and services'. GDC standard 8.2.1 states: 'You must act on concerns promptly. Acting quickly may mean that poor practice is identified and tackled without there being a serious risk to patient safety'.²

We would therefore urge other dental professionals who are also social media users to communicate their concerns by using the

local social media reporting systems. For example, Instagram has a direct reporting function which is categorised under 'sale of illegal or unregulated goods'. Additionally, the GDC has a four-page online form that can be utilised to report a concern about unregistered practice.

By being proactive, we are preventing further risk or harm to the general public, thereby not enabling neglectful, unregulated companies.

M. Chan, S. Grossman, Torbay, UK

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Medical emergencies

Register your AED

Sir, on 17 October 2021 during a televised football match between Newcastle United and Tottenham Hotspur, the game was halted and viewers stood still as a member of the crowd was treated for a suspected cardiac arrest. This incident again thrust the topic of cardiopulmonary resuscitation (CPR) and basic life support (BLS) into the public domain, sparking widespread debate about the appropriate measures that should be taken in the event that someone suffers a cardiac arrest.

A key message from the Resuscitation Council is that 'bystander cardiopulmonary resuscitation (CPR) and use of an automated external defibrillator (AED) increase the chances of survival by two to four-fold'.¹

It is for this reason I draw readers' attention again to your earlier correspondence in which the authors

advocate for dental practices to register their AED at <https://www.thecircuit.uk/>.² This initiative by the British Heart Foundation has the aim of connecting the location of AEDs around the country to ambulance services. As a result, this allows quicker access to AEDs, thereby helping save more lives from out-of-hospital cardiac arrest (OHCA).

Signing up is quick and easy; I urge all dental practices to register their defibrillator and potentially save a life.

N. Mistry, Liverpool, UK

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Water fluoridation

Fee for fluorosis

Sir, we welcome the 'Statement on water fluoridation' from the UK Chief Medical Officers (CMOs), particularly in light of the proposed changes to legislation in this area.^{1,2}

In order to gain public confidence in water fluoridation, we believe the risks must not be understated and the benefits must not be overstated. With this in mind, we were surprised to read in the statement that 'dental mottling is a small risk'. An authoritative systematic review estimated the risk of dental fluorosis of aesthetic concern to be in the order of 12.5% (where the level of fluoride was at 1.0 ppm), which we regard as substantial and many parents might regard as a high level of risk.³ It is our experience that the current generation of children are highly image-conscious and we see no sign of a reversal in this trend; we postulate that even the minor types of fluorosis might be of aesthetic concern to this future cohort.

The CMOs went on to state 'the cost of hospital admissions for tooth extractions among those aged 0 to 19 years in England was estimated to be £54.6 million, the majority due to preventable tooth decay'. In fact, the report they were quoting states that this figure was £33 million.⁴

We were also disappointed that the statement did not discuss the implications for dental practices of high numbers

of children exhibiting fluorosis. We are convinced there will be an increase in the number of parents seeking advice and treatment for the condition. We would like to see the Department of Health offer training to practitioners in the diagnosis and treatment of fluorosis, particularly to those dentists and therapists currently operating outside of those areas that have fluoridated water supplies. Many of these practitioners will not have been trained in the minimally invasive techniques that are currently recommended to treat the condition.

Finally, we were pleased the CMOs noted the impact water fluoridation is likely to have in reducing dental health inequalities and we partly agree with this. However, without additional financial support, will NHS dental practices be able to offer treatment for dental fluorosis of aesthetic concern? We envisage a potential widening of dental health inequality where those parents who can afford to will pay privately for the treatment of this condition, and for those that cannot, their children will be sadly left untreated.

R. I. Bland, G. M. Bland, Wrea Green, UK

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OMFS

Filler failure

Sir, I write with reference to the letter (*Br Dent J* 2021; **231**: 205) regarding the increase in dermal filler-related complications presenting in the Accident and Emergency department, as an oral and maxillofacial dental core trainee working in South West UK.

In addition to vascular occlusion-related complications, other complications may present and I would like to highlight a few management options for colleagues faced with similar problems:^{1,2,3}

1. **Bruising/ecchymosis:** This can be easily treated with the use of cold compresses, arnica, bromelain, aloe vera or vitamin K creams. Medications which can affect anticoagulation (eg vitamin/herbal supplements, NSAIDs and antiplatelets) should be paused for 7–10 days
2. **Swelling/oedema:** Prophylaxis of this should include the use of anti-inflammatory enzymes, arnica/gelsenium/bromelain and cold compresses. Management of this complication can include the use of NSAIDs, short-term steroids and streptokinase/streptodornase in addition to prophylactic measures
3. **Erythema:** The use of antihistamines, oral tetracycline or isotretinoin may be effective. Short-term use of topical medium-strength steroids can be helpful, with the aid of vitamin K cream
4. **Infection:** This can be managed using co-amoxiclav or ciprofloxacin antibiotics. Second-line antibiotics such as cloxacillin, azithromycin, minocycline and flucloxacillin can also be used. Any abscesses should be drained and a microbiological culture is recommended
5. **Herpes activation:** Patients with a history of cold sores should have anti-herpes medication prescribed prophylactically. In this instance, valaciclovir or aciclovir 1–2 days before and three days after the procedure is recommended
6. **Dysaesthesia/paraesthesia/anaesthesia:** In the event of Bell's palsy, a short course of high-dose oral steroids may be beneficial
7. **Lumps/bumps:** In the event that a non-inflammatory lump persists, treatment will include needle aspiration or a minimal stab wound incision with evacuation. Post-inflammation management may include hyaluronidase injections and intense pulsed light/laser, photo-protection or depigment cream
8. **Tyndall effect:** Superficial placement of fillers can result in blanching and a bluish discolouration in the injection area. Management of this includes the use of local massage, incision and drainage and hyaluronidase injections